

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

09/908985

6-9-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	X			
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9	/		/			
10		/		/		
11		/		/		
12	/	/	/			
13		/		/		
14		/		/		
15		/		/		
16		/		/		
17		/		/		
18		/		/		
19		/		/		
20		/		/		
21		/		/		
22	/		/			
23	/		/			
24		/		/		
25		/		/		
26		/		/		
27		/		/		
28	/	/		/		
29		/		/		
30		/		/		
31		/		/		
32	/		/			
33	/		X			
34	/		/			
35		/		/		
36		/		/		
37	/		/			
38		/		/		
39	/		/			
40	/		/			
41	/		/			
42		/	X			
43		/	X			
44		/	X			
45	/		X			
46		/	X			
47		/	X			
48		/	X			
49		/	X			
50		/	X			
TOTAL IND.	13		10			
TOTAL DEP.	37		30			
TOTAL CLAIMS	50		40			

	* 1		* 2		* 3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY